

DISCLOSURE SUMMARY PAGE

JUN 12 2002
142

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Indexed _____	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)

LOCAL 4 Fire PAC #6314

IMPORTANT: Indicate type of committee you are reporting for: ☒ 2

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

Charles E. Tilt
 SIGNATURE OF TREASURER (or person filing this report)

282-7576

TELEPHONE

6-11-02
 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one ☒ 2

☒ CHECK IF AMENDMENT TO REPORT DATED May 21st, 2002

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
 which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total
 of all monies held by the committee. This amount **MUST** be the
 same as the cash on hand at the end of the last reporting period,
 or must be zero if this is first report filed.)

\$ 551.70

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

1000.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 1551.70

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

1500.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
 be zero) (Attach DR-3).....

\$ 51.70

UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Local 4 Fire Pac #6314

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/20/02	ID# CK#	Russ Gillum 2910 SE 10th Des Moines, IA. 50315	LOCAL 4	\$ 50.00	
2/20/02	ID# CK#	Dave Knutzen 748 46th St. WDM, IA. 50265	LOCAL 4	50.00	
2/20/02	ID# CK#	Jim Fox 330 N.W. Vine St. Hartford, IA.	LOCAL 4	50.00	
2/20/02	ID# CK#	John Tekippe 215 Waukec Ave Waukec, IA. 50263	LOCAL 4	50.00	
2/20/02	ID# CK#	Ray Thomas 742 NE 9th St. Ankeny, IA. 50021	LOCAL 4	50.00	
1/15/02	ID# CK#	Dave Keenan 1319 N.W. 93rd Ct. Clive, IA. 50325	LOCAL 4	50.00	
2/24/02	ID# CK#	Marty Adis 2500 E Rose Ave. Des Moines, IA. 50320	LOCAL 4	150.00	
2/21/02	ID# CK#	Doug Burke 314 13th St. S.W. Altoona, IA. 50009	LOCAL 4	150.00	
3/12/02	ID# CK#	Linda Frangenburg 525 Preston Dr. Huxley, IA. 50124	LOCAL 4	150.00	
3/21/02	ID# CK#	Steve Beveridge 6811 N.W. 44th St. Des Moines, IA. 50313	LOCAL 4	50.00	
SUB-TOTAL				\$ 800	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LOCAL 4 Fire Pac. #6314

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3/2/02	ID# CK#	Joe Giudecassi 229 E Bell Ave Des Moines, IA 50315	LOCAL 4	\$ 50.00	
3/2/02	ID# CK#	Joe Kelly 1745 U. Ave Woodward, IA. 50276	LOCAL 4	50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 200

TOTAL (if last page of this schedule)

\$10 00.⁰⁰

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

Page 3 of 3
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LOCAL 4 Fire Pac #6314

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-9-02	ID# CK# 503	John Connors 1316 E. 22nd Des Moines, IA. 50317	People For Connors Campaign	\$ 500.00
4-10-02	ID# CK# 504	Kent Balduchi 406 Plumwood Ct. S.W. Altoona, IA. 50009	Kent Balduchi For County Supervisor.	\$ 1000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1500.00
TOTAL (if last page of this schedule)				\$ 1500.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)